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T. HAMPTON MAR 2 4 2010 EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: <u>Fast Coast Hospice Furniture</u> L.L.C. (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Donald Gingerella (Name of Person)
(Name of Person)
EAST Coast Hospice Furniture LL? (Firm/Company)
20 Celestial Way #202
Juno Beach, FL 33408 (City/State and Zip Code)
For further information concerning this matter, please call:
Donald Gingerell A at (401) 225 9749 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
E check for the following amount: 5.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & \Bigcup \$155.00 Filing Fee & Certificate Certificate of Status Certified Copy \$155.00 Filing Fee & Certified Copy Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
East Coast Hospice Furniture LL (Must end with the words "Limited Miability Company, "L.L.C.," or "LLC.")	<u>C</u>	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability	Comp	any is:
Principal Office Address: Mailing Address:		
20 Celestial WAY 202 20 Celestial Way Juno Beach FL 33408 33408	<u>#</u> 2c 08	2
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signa (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a business entity with an active Florida registration.)	ature: mother	
The name and the Florida street address of the registered agent are:		
Donald Gingerella		
Florida street address (P.O. Box NOT acceptable) Tono Beach FL 33408 City, State, and Zip		
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appreciated agent and agree to act in this capacity. I further agree to comply with the all statutes relating to the proper and complete performance of my duties, and I am f and accept the obligations of my position as registered agent as provided for in Chap	ointme provisi amiliai	nt as ions of r with
Registered Agent's Signature (REQUIRED)	10 MAR 23	DIVISION OF C
(CONTINUED)	至種	OF STA
Page 1 of 2	5	TIONS

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

M GR	
	Donald Gingerella 20 Celestial WAY #202 Juno Beach Fl 33408
·	· · ·
(Use attachment if necessary)	
ICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
effective date is listed, the date must	be specific and cannot be more than five business
effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE DIVISION OF CORPORATION

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee